

Fill in this information to identify your case:

United States Bankruptcy Court for the:

District of Minnesota

Case number (If known): _____ Chapter you are filing under:

- ☒ Chapter 7
☐ Chapter 11
☐ Chapter 12
☐ Chapter 13

☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

06/24

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

About Debtor 1:

Shauna

First name

Clare

Middle name

Skeens

Last name

Suffix (Sr., Jr, II, III)

About Debtor 2 (Spouse Only in a Joint Case):

Jeffrey

First name

Dean

Middle name

Skeens

Last name

Suffix (Sr., Jr, II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names and any assumed, trade names and *doing business as* names.

Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.

First name

Middle name

Last name

Business name (if applicable)

Business name (if applicable)

First name

Middle name

Last name

Business name (if applicable)

Business name (if applicable)

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx - xx - 5 8 9 5

OR

9xx - xx - _ _ _ _

xxx - xx - 0 8 1 0

OR

9xx - xx - _ _ _ _

Debtor 1
Debtor 2

**Shauna
Jeffrey**

First Name

**Clare
Dean**

Middle Name

**Skeens
Skeens**

Last Name

Case number (if known) _____

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

4. Your Employer Identification Number (EIN), if any.

EIN

EIN

EIN

EIN

5. Where you live

13427 180th Ave Nw

Number

Street

Elk River, MN 55330-5601

City

State

ZIP Code

Sherburne

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number

Street

P.O. Box

City

State

ZIP Code

If Debtor 2 lives at a different address:

Number

Street

City

State

ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.

Number

Street

P.O. Box

City

State

ZIP Code

6. Why you are choosing *this* district to file for bankruptcy

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408)

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408)

Debtor 1	Shauna	Clare	Skeens	Case number (if known) _____
Debtor 2	Jeffrey	Dean	Skeens	
	First Name	Middle Name	Last Name	

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*

☒ Chapter 7

☐ Chapter 11

☐ Chapter 12

☐ Chapter 13

8. How you will pay the fee

☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

☒ No.

☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY

District _____ When _____ Case number _____
MM / DD / YYYY

District _____ When _____ Case number _____
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

☒ No.

☐ Yes. Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY

Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY

11. Do you rent your residence?

☒ No. Go to line 12.

☐ Yes. Has your landlord obtained an eviction judgment against you?

☐ No. Go to line 12.

☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1
Debtor 2

**Shauna
Jeffrey**

First Name

**Clare
Dean**

Middle Name

**Skeens
Skeens**

Last Name

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.



No. Go to Part 4.



Yes. Name and location of business

Name of business, if any

Number Street

City

State

ZIP Code

Check the appropriate box to describe your business:



Health Care Business (as defined in 11 U.S.C. § 101(27A))



Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))



Stockbroker (as defined in 11 U.S.C. § 101(53A))



Commodity Broker (as defined in 11 U.S.C. § 101(6))



None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).



No. I am not filing under Chapter 11.



No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.



Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.



Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

Debtor 1
Debtor 2

**Shauna
Jeffrey**

First Name

**Clare
Dean**

Middle Name

**Skeens
Skeens**

Last Name

Case number (if known) _____

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

- 14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?



No.



Yes. What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number Street

City State ZIP Code

Debtor 1
Debtor 2

**Shauna
Jeffrey**

First Name

**Clare
Dean**

Middle Name

**Skeens
Skeens**

Last Name

Case number (if known) _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

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If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1
Debtor 2

**Shauna
Jeffrey**

First Name

**Clare
Dean**

Middle Name

**Skeens
Skeens**

Last Name

Case number (if known) _____

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?

16a. Are your debts primarily consumer debts? *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- ☐ No. Go to line 16b.
☒ Yes. Go to line 17.

16b. Are your debts primarily business debts? *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- ☐ No. Go to line 16c.
☐ Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.

17. Are you filing under Chapter 7?

☐ No. I am not filing under Chapter 7. Go to line 18.

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

- ☒ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
☒ No
☐ Yes

18. How many creditors do you estimate that you owe?

- ☒ 1-49 ☐ 1,000-5,000 ☐ 25,001-50,000 ☐ 50,000-100,000 ☐ More than 100,000
☐ 50-99 ☐ 5,001-10,000
☐ 100-199 ☐ 10,001-25,000
☐ 200-999

19. How much do you estimate your assets to be worth?

- ☐ \$0-\$50,000 ☐ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
☒ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

20. How much do you estimate your liabilities to be?

- ☐ \$0-\$50,000 ☐ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
☐ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
☒ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X

s/ Shauna Clare Skeens

Shauna Clare Skeens, Debtor 1

Executed on **01/13/2025**

MM/ DD/ YYYY

X

s/ Jeffrey Dean Skeens

Jeffrey Dean Skeens, Debtor 2

Executed on **01/13/2025**

MM/ DD/ YYYY

Debtor 1
Debtor 2

**Shauna
Jeffrey**

First Name

**Clare
Dean**

Middle Name

**Skeens
Skeens**

Last Name

Case number (if known) _____

**For your attorney, if you are
represented by one**

**If you are not represented by an
attorney, you do not need to file this
page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X

s/ Andrew Walker

Signature of Attorney for Debtor

Date **01/13/2025**

MM / DD / YYYY

Andrew Walker

Printed name

Walker & Walker Law Offices, PLLC

Firm name

4356 Nicollet Ave

Number Street

Minneapolis

City

MN

State

55409

ZIP Code

Contact phone **(612) 824-4357**

Email address **andrew@bankruptcytruth.com**

0392525

Bar number

MN

State

Fill in this information to identify your case and this filing:

Debtor 1	Shauna	Clare	Skeens
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Jeffrey	Dean	Skeens
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of Minnesota			
Case number _____			

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
☒ Yes. Where is the property?

1.1 **Lot 2, Block 1, County Crossing Third Addition, Sherburne County, Minnesota**
 Street address, if available, or other description
13427 180th Ave Nw
Elk River, MN 55330-5601
 City State ZIP Code
Sherburne
 County

What is the property? Check all that apply.

- ☒ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other _____

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: _____

Source of Value: **Zillow**

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
\$381,800.00	\$381,800.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee Simple

☐ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here



\$381,800.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. **Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

- ☐ No
☒ Yes

Debtor **Skeens, Shauna Clare; Skeens, Jeffrey Dean**

Case number (if known) _____

3.1 Make: **Yukon** Who has an interest in the property? Check one.
 Model: **Denali** ☐ Debtor 1 only
 Year: **2017** ☐ Debtor 2 only
 Approximate mileage: **180000** ☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this is community property (see instructions)

Other information:

**Source of Value: KBB
1GKS2HKJ0HR162617**

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?
\$12,020.00

Current value of the portion you own?
\$12,020.00

If you own or have more than one, describe here:

3.2 Make: **Chevrolet** Who has an interest in the property? Check one.
 Model: **Sonic** ☒ Debtor 1 only
 Year: **2018** ☐ Debtor 2 only
 Approximate mileage: **85000** ☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this is community property (see instructions)

Other information:

**Source of Value: KBB
1G1JD6SH5J4119888**

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?
\$6,492.00

Current value of the portion you own?
\$6,492.00

3.3 Make: **Ford** Who has an interest in the property? Check one.
 Model: **Escape** ☒ Debtor 1 only
 Year: **2003** ☐ Debtor 2 only
 Approximate mileage: **260000** ☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this is community property (see instructions)

Other information:

**Source of Value: Purchase price
1FMYU92113KE00901**

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?
\$300.00

Current value of the portion you own?
\$300.00

3.4 Make: **GMC** Who has an interest in the property? Check one.
 Model: **Yukon** ☒ Debtor 1 only
 Year: **2007** ☐ Debtor 2 only
 Approximate mileage: **300000** ☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this is community property (see instructions)

Other information:

**Source of Value: KBB
Mechanical issues, doesn't start
VIN: 1GKFK668X7J251928**

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?
\$400.00

Current value of the portion you own?
\$400.00

Debtor **Skeens, Shauna Clare; Skeens, Jeffrey Dean**

Case number (if known) _____

4. **Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

☒ No

☐ Yes

4.1 Make: _____

Model: _____

Year: _____

Other information:

Who has an interest in the property? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

5. **Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here**



\$19,212.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

6. **Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No

☒ Yes. Describe.

Household goods and furnishings

\$4,500.00

7. **Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

☒ Yes. Describe.

**2 TV \$300
2 Cell phone - \$100 D2 cell phone is leased
HP Laptop 5 years old \$100**

\$500.00

8. **Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No

☐ Yes. Describe.

9. **Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No

☐ Yes. Describe.

Debtor **Skeens, Shauna Clare; Skeens, Jeffrey Dean**

Case number (if known) _____

10. Firearms <i>Examples:</i> Pistols, rifles, shotguns, ammunition, and related equipment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Describe.		
11. Clothes <i>Examples:</i> Everyday clothes, furs, leather coats, designer wear, shoes, accessories	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Describe.	Everyday wearing apparel	\$1,500.00
12. Jewelry <i>Examples:</i> Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Describe.	2 wedding rings	\$750.00
13. Non-farm animals <i>Examples:</i> Dogs, cats, birds, horses	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Describe.	3 dogs	\$1.00
14. Any other personal and household items you did not already list, including any health aids you did not list	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Give specific information.	Cub Cadet Riding Lawnmower Snowblower and Utility Trailer	\$750.00
15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here	→	\$8,001.00	

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
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16. Cash <i>Examples:</i> Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Cash: \$0.00
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Debtor **Skeens, Shauna Clare; Skeens, Jeffrey Dean**

Case number (if known) _____

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No☒ Yes

Institution name:

17.1. Checking account:

Fidelity HSA**\$2,000.00**

17.2. Checking account:

Magnifi CU D1s Checking ending in *203 Checking 0001 & Share 0000**Account Number: 203****\$880.09**

17.3. Checking account:

Magnisfi CU D2's ending in *343 Share 0000 & Checking 0001**\$16.01**

17.4. Savings account:

Magnifi Savings D1's 0002**Account Number: 203****\$688.00****18. Bonds, mutual funds, or publicly traded stocks**

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No☐ Yes

Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture☒ No☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No☐ Yes. Give specific information about them.....

Issuer name:

Debtor **Skeens, Shauna Clare; Skeens, Jeffrey Dean**

Case number (if known) _____

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☐ No

☒ Yes. List each account separately. Type of account: Institution name:

401(k) or similar plan: 401k \$1,862.00

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No

☐ Yes Institution name or individual:

Electric: _____
 Gas: _____
 Heating oil: _____
 Security deposit on rental unit: _____
 Prepaid rent: _____
 Telephone: _____
 Water: _____
 Rented furniture: _____
 Other: _____

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No

☐ Yes Issuer name and description:

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No

☐ Yes Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

Debtor **Skeens, Shauna Clare; Skeens, Jeffrey Dean**

Case number (if known) _____

25. **Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

☒ No

☐ Yes. Give specific information about them. ...

26. **Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No

☐ Yes. Give specific information about them. ...

27. **Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No

☐ Yes. Give specific information about them. ...

Money or property owed to you?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

28. **Tax refunds owed to you**

☐ No

☒ Yes. Give specific information about them, including whether you already filed the returns and the tax years.

2024 Federal & State income tax refund owed to the debtors. As of the time of filing, the Debtors has not received a refund. They typically pay in

Prorated 2025 Federal & State income tax refund owed to the debtors-The debtors typically pay in

Federal:

\$0.00

State:

Local:

29. **Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No

☐ Yes. Give specific information.

Alimony:

Maintenance:

Support:

Divorce settlement:

Property settlement:

Debtor **Skeens, Shauna Clare; Skeens, Jeffrey Dean**

Case number (if known) _____

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☐ No

☒ Yes. Give specific information.

Estimated earned unpaid wages D1

Estimated earned unpaid wages D2

\$2,556.00

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☒ No

☐ Yes. Name the insurance company of each policy and list its value. ...

Company name:

Beneficiary:

Surrender or refund value:

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No

☐ Yes. Give specific information.

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

☒ No

☐ Yes. Describe each claim.

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

☒ No

☐ Yes. Describe each claim.

35. Any financial assets you did not already list

☒ No

☐ Yes. Give specific information.

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here



\$8,002.10

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

Debtor **Skeens, Shauna Clare; Skeens, Jeffrey Dean**

Case number (if known) _____

37. **Do you own or have any legal or equitable interest in any business-related property?**

- ☒ No. Go to Part 6.
☐ Yes. Go to line 38.

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

38. **Accounts receivable or commissions you already earned**

- ☒ No
☐ Yes. Describe.

39. **Office equipment, furnishings, and supplies**

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

- ☒ No
☐ Yes. Describe.

40. **Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**

- ☒ No
☐ Yes. Describe.

41. **Inventory**

- ☒ No
☐ Yes. Describe.

42. **Interests in partnerships or joint ventures**

- ☒ No
☐ Yes. Describe

Name of entity:

% of ownership:

43. **Customer lists, mailing lists, or other compilations**

- ☒ No
☐ Yes. **Do your lists include personally identifiable information** (as defined in 11 U.S.C. § 101(41A))?

- ☐ No
☐ Yes. Describe.

Debtor **Skeens, Shauna Clare; Skeens, Jeffrey Dean**

Case number (if known) _____

44. **Any business-related property you did not already list**

- ☒ No
☐ Yes. Give specific information

45. **Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here**



\$0.00

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. **Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

- ☒ No. Go to Part 7.
☐ Yes. Go to line 47.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

47. **Farm animals**

Examples: Livestock, poultry, farm-raised fish

- ☒ No
☐ Yes

--

48. **Crops—either growing or harvested**

- ☒ No
☐ Yes. Give specific information.

--

49. **Farm and fishing equipment, implements, machinery, fixtures, and tools of trade**

- ☒ No
☐ Yes

--

50. **Farm and fishing supplies, chemicals, and feed**

- ☒ No
☐ Yes

--

Debtor **Skeens, Shauna Clare; Skeens, Jeffrey Dean**

Case number (if known) _____

51. Any farm- and commercial fishing-related property you did not already list

☒ No

☐ Yes. Give specific information.

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here



\$0.00

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

☒ No

☐ Yes. Give specific information.

54. Add the dollar value of all of your entries from Part 7. Write that number here



\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2



\$381,800.00

56. Part 2: Total vehicles, line 5 \$19,212.00

57. Part 3: Total personal and household items, line 15 \$8,001.00

58. Part 4: Total financial assets, line 36 \$8,002.10

59. Part 5: Total business-related property, line 45 \$0.00

60. Part 6: Total farm- and fishing-related property, line 52 \$0.00

61. Part 7: Total other property not listed, line 54 + \$0.00

62. Total personal property. Add lines 56 through 61.

\$35,215.10

Copy personal property total ➔

+ \$35,215.10

63. Total of all property on Schedule A/B. Add line 55 + line 62.

\$417,015.10

Fill in this information to identify your case:

Debtor 1	Shauna	Clare	Skeens
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Jeffrey	Dean	Skeens
	First Name	Middle Name	Last Name

United States Bankruptcy Court for the: District of MinnesotaCase number
(if known)☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.	
Brief description: Lot 2, Block 1, County Crossing Third Addition, Sherburne County, Minnesota 13427 180th Ave Nw Elk River, MN 55330-5601	\$381,800.00	<input checked="" type="checkbox"/> \$98,388.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Minn. Stat. §§ 510.01, 510.02
Line from <i>Schedule A/B</i> : 1.1			

3. Are you claiming a homestead exemption of more than \$189,050?

(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
☐ No
☐ Yes

Debtor 1 Shauna Clare Skeens Case number (if known) _____

Debtor 2 Jeffrey Dean Skeens

First Name Middle Name Last Name

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: 2018 Chevrolet Sonic <u>1G1JD6SH5J4119888</u>	<u>\$6,492.00</u>	<input checked="" type="checkbox"/> <u>\$242.00</u>	<u>Minn. Stat. § 550.37(12)(a)1</u>
Line from Schedule A/B: <u>3.2</u>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: 2003 Ford Escape <u>1FMYU92113KE00901</u>	<u>\$300.00</u>	<input checked="" type="checkbox"/> <u>\$300.00</u>	<u>Minn. Stat. § 550.37(28)</u>
Line from Schedule A/B: <u>3.3</u>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: 2007 GMC Yukon VIN: <u>1GKFK668X7J251928</u> Mechanical issues, doesn't start	<u>\$400.00</u>	<input checked="" type="checkbox"/> <u>\$400.00</u>	<u>Minn. Stat. § 550.37(28)</u>
Line from Schedule A/B: <u>3.4</u>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Household goods and furnishings	<u>\$4,500.00</u>	<input checked="" type="checkbox"/> <u>\$4,500.00</u>	<u>Minn. Stat. § 550.37(4)(b)</u>
Line from Schedule A/B: <u>6</u>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: 2 TV \$300 2 Cell phone - \$100 D2 cell phone is leased HP Laptop 5 years old \$100	<u>\$500.00</u>	<input checked="" type="checkbox"/> <u>\$500.00</u>	<u>Minn. Stat. § 550.37(4)(b)</u>
Line from Schedule A/B: <u>7</u>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Everyday wearing apparel	<u>\$1,500.00</u>	<input checked="" type="checkbox"/> <u>\$1,500.00</u>	<u>Minn. Stat. § 550.37(4)(a)</u>
Line from Schedule A/B: <u>11</u>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

Debtor 1 Shauna Clare Skeens Case number (if known) _____
 Debtor 2 Jeffrey Dean Skeens
 First Name Middle Name Last Name

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: <u>2 wedding rings</u> Line from Schedule A/B: <u>12</u>	<u>\$750.00</u>	<input checked="" type="checkbox"/> <u>\$750.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Minn. Stat. § 550.37(4)(c)</u>
Brief description: <u>3 dogs</u> Line from Schedule A/B: <u>13</u>	<u>\$1.00</u>	<input checked="" type="checkbox"/> <u>\$1.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Minn. Stat. § 550.37(2)(c)</u>
Brief description: <u>Cub Cadet Riding Lawnmower</u> Line from Schedule A/B: <u>14</u>	<u>\$500.00</u>	<input checked="" type="checkbox"/> <u>\$500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Minn. Stat. § 550.37(6)(7)</u>
Brief description: <u>Snowblower and Utility Trailer</u> Line from Schedule A/B: <u>14</u>	<u>\$250.00</u>	<input checked="" type="checkbox"/> <u>\$250.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Minn. Stat. § 550.37(6)(7)</u>
Brief description: <u>Cash on hand-No cahs on hadn at the time of filing</u> Line from Schedule A/B: <u>16</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Minn. Stat. § 550.37(28)</u>
Brief description: <u>Magnisfi CU D2's ending in *343 Share 0000 & Checking 0001</u> Checking account Line from Schedule A/B: <u>17</u>	<u>\$16.01</u>	<input checked="" type="checkbox"/> <u>\$12.16</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit <input checked="" type="checkbox"/> <u>\$3.85</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Minn. Stat. § 571.921, 922, 550.37(13)</u> <u>Minn. Stat. § 550.37(28)</u>
Brief description: <u>Magnifi CU D1s Checking ending in *203 Checking 0001 & Share 0000</u> Checking account Acct. No.: <u>203</u> Line from Schedule A/B: <u>17</u>	<u>\$880.09</u>	<input checked="" type="checkbox"/> <u>\$660.06</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit <input checked="" type="checkbox"/> <u>\$220.03</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Minn. Stat. § 571.921, 922, 550.37(13)</u> <u>Minn. Stat. § 550.37(28)</u>

Debtor 1 **Shauna** **Clare** **Skeens** Case number (if known) _____
 Debtor 2 **Jeffrey** **Dean** **Skeens**
 First Name Middle Name Last Name

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: Magnifi Savings D1's 0002 Savings account Acct. No.: 203 Line from Schedule A/B: <u>17</u>	<u>\$688.00</u>	<input checked="" type="checkbox"/> <u>\$516.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit <input checked="" type="checkbox"/> <u>\$172.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Minn. Stat. § 571.921, 922, 550.37(13)</u> <u>Minn. Stat. § 550.37(28)</u>
Brief description: Fidelity HSA Checking account Line from Schedule A/B: <u>17</u>	<u>\$2,000.00</u>	<input checked="" type="checkbox"/> <u>\$2,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Minn. Stat. § 550.37(26)</u>
Brief description: 401k Line from Schedule A/B: <u>21</u>	<u>\$1,862.00</u>	<input checked="" type="checkbox"/> <u>\$1,862.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit <input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit <input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(b)(3)(C)</u> <u>11 U.S.C. § 522(n)</u> <u>29 U.S.C. § 1056(d)</u>
Brief description: Estimated earned unpaid wages D1 Line from Schedule A/B: <u>30</u>	<u>\$1,200.00</u>	<input checked="" type="checkbox"/> <u>\$900.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit <input checked="" type="checkbox"/> <u>\$300.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Minn. Stat. § 571.921, 922, 550.37(13)</u> <u>Minn. Stat. § 550.37(28)</u>
Brief description: Estimated earned unpaid wages D2 Line from Schedule A/B: <u>30</u>	<u>\$1,356.00</u>	<input checked="" type="checkbox"/> <u>\$1,017.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit <input checked="" type="checkbox"/> <u>\$339.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Minn. Stat. § 571.921, 922, 550.37(13)</u> <u>Minn. Stat. § 550.37(28)</u>

Fill in this information to identify your case:

Debtor 1	<u>Shauna</u>	<u>Clare</u>	<u>Skeens</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Jeffrey</u>	<u>Dean</u>	<u>Skeens</u>
	First Name	Middle Name	Last Name

United States Bankruptcy Court for the: District of Minnesota

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A	Column B	Column C
Amount of claim	Value of collateral that supports this claim	Unsecured portion
Do not deduct the value of collateral.		If any

2.1	MAGNIFI FINANCIAL CU	Describe the property that secures the claim:	\$230,625.00	\$381,800.00	\$0.00
-----	----------------------	---	--------------	--------------	--------

Creditor's Name

20 4TH AVE SE

Number Street

MELROSE, MN 56352-1356

City State ZIP Code

Who owes the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred _____ Last 4 digits of account number _____

Lot 2, Block 1, County Crossing Third Addition, Sherburne County, Minnesota
 13427 180th Ave Nw Elk River, MN 55330-5601

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed
- Nature of lien.** Check all that apply.
- ☒ An agreement you made (such as mortgage or secured car loan)
- ☐ Statutory lien (such as tax lien, mechanic's lien)
- ☐ Judgment lien from a lawsuit
- ☐ Other (including a right to offset) _____

Add the dollar value of your entries in Column A on this page. Write that number here:

\$230,625.00

Debtor 1 **Shauna** **Clare** **Skeens** Case number (if known) _____
 Debtor 2 **Jeffrey** **Dean** **Skeens**
 First Name Middle Name Last Name

	Additional Page	Column A Amount of claim <small>Do not deduct the value of collateral.</small>	Column B Value of collateral that supports this claim	Column C Unsecured portion <small>If any</small>
Part 1:	After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.			
2.2	MAGNIFI FINANCIAL CU <hr/> Creditor's Name 20 4TH AVE SE <hr/> Number Street <hr/> MELROSE, MN 56352-1356 <hr/> City State ZIP Code <hr/> Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred _____	Describe the property that secures the claim: \$48,881.00 \$381,800.00 \$0.00 <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Lot 2, Block 1, County Crossing Third Addition, Sherburne County, Minnesota 13427 180th Ave Nw Elk River, MN 55330-5601 </div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ Last 4 digits of account number _____		
2.3	MAGNIFI FINANCIAL CU <hr/> Creditor's Name 20 4TH AVE SE <hr/> Number Street <hr/> MELROSE, MN 56352-1356 <hr/> City State ZIP Code <hr/> Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred _____	Describe the property that secures the claim: \$14,754.00 \$12,020.00 \$2,734.00 <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> 2017 Yukon Denali 1GKS2HKJ0HR162617 </div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ Last 4 digits of account number _____		
Add the dollar value of your entries in Column A on this page. Write that number here:		\$63,635.00		
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:		 		

Debtor 1 **Shauna** **Clare** **Skeens** Case number (if known) _____
 Debtor 2 **Jeffrey** **Dean** **Skeens**
 First Name Middle Name Last Name

	Additional Page	Column A	Column B	Column C	
	Amount of claim <small>Do not deduct the value of collateral.</small>	Value of collateral that supports this claim	Unsecured portion <small>If any</small>		
Part 1:	After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.				
2.4	MAGNIFI FINANCIAL CU <hr/> Creditor's Name 20 4TH AVE SE <hr/> Number Street <hr/> MELROSE, MN 56352-1356 City State ZIP Code <hr/> Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred _____	Describe the property that secures the claim: \$6,250.00 <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> 2018 Chevrolet Sonic 1G1JD6SH5J4119888 </div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ Last 4 digits of account number _____	\$6,250.00	\$6,492.00	\$0.00
2.5	MINNESOTA DEPARTMENT OF REVENUE <hr/> Creditor's Name 551 BKCY SECTION <hr/> PO BOX 64447 Number Street <hr/> ST PAUL, MN 55164 City State ZIP Code <hr/> Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred _____	Describe the property that secures the claim: \$3,906.00 <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> Lot 2, Block 1, County Crossing Third Addition, Sherburne County, Minnesota 13427 180th Ave Nw Elk River, MN 55330-5601 </div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) Tax lien Last 4 digits of account number _____	\$3,906.00	\$381,800.00	\$0.00
Add the dollar value of your entries in Column A on this page. Write that number here:		\$10,156.00			
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:		\$304,416.00			

Fill in this information to identify your case:

Debtor 1	Shauna	Clare	Skeens
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Jeffrey	Dean	Skeens
	First Name	Middle Name	Last Name

United States Bankruptcy Court for the: District of **Minnesota**Case number
(if known)☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.
☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount
2.1	ERICA SKEENS			
Last 4 digits of account number _____		\$30,000.00	\$30,000.00	\$0.00
Priority Creditor's Name				
600 W MAIN ST				
Number	Street			
When was the debt incurred? _____				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent				
<input type="checkbox"/> Unliquidated				
<input type="checkbox"/> Disputed				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Type of PRIORITY unsecured claim:				
<input checked="" type="checkbox"/> Domestic support obligations				
<input type="checkbox"/> Taxes and certain other debts you owe the government				
<input type="checkbox"/> Claims for death or personal injury while you were intoxicated				
<input type="checkbox"/> Other. Specify _____				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

3. Do any creditors have nonpriority unsecured claims against you?

3. Do any creditors have nonpriority unsecured claims against you?

4. **List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1 CHASE CREDIT CARD		Last 4 digits of account number _____		\$1,500.00
Nonpriority Creditor's Name				
PO BOX 15298				
Number	Street			
<hr/>				
WILMINGTON, DE 19850-5298				
City	State	ZIP Code		
 Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
 Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

When was the debt incurred? _____	
 As of the date you file, the claim is: Check all that apply.	
<input type="checkbox"/> Contingent	
<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Disputed	
 Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Student loans	
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input checked="" type="checkbox"/> Other. Specify <u>Consumer Debt</u>	

4.2 ALLINA HEALTH		Last 4 digits of account number _____		\$3,000.00
Nonpriority Creditor's Name				
2925 CHICAGO AVE				
Number	Street			
<hr/>				
MINNEAPOLIS, MN 55407-1321				
City	State	ZIP Code		
 Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
 Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

When was the debt incurred? _____	
 As of the date you file, the claim is: Check all that apply.	
<input type="checkbox"/> Contingent	
<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Disputed	
 Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Student loans	
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>	

Debtor 1 Shauna Clare Skeens Case number (if known) _____
 Debtor 2 Jeffrey Dean Skeens
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.3	AMAZON Nonpriority Creditor's Name <u>1260 MERCER ST</u> Number Street <u>SEATTLE, WA 98109</u> City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>		\$850.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.4	AMERICAN EXPRESS Nonpriority Creditor's Name <u>GENERAL INQUIRIES</u> <u>PO BOX 981535</u> Number Street <u>EL PASO, TX 79998-1535</u> City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>		\$30,938.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1 Shauna Clare Skeens Case number (if known) _____
 Debtor 2 Jeffrey Dean Skeens
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.			Total claim
4.5	CABELA'S CLUB/CAPITAL ONE Nonpriority Creditor's Name PO BOX 30285 Number Street SALT LAKE CITY, UT 84130-0285 City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>	\$880.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.6	CAPITAL ONE Nonpriority Creditor's Name 15000 CAPITAL ONE US364412 Number Street RICHMOND, VA 23238 City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Consumer Debt</u>	\$8,516.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Shauna Clare Skeens Case number (if known) _____
 Debtor 2 Jeffrey Dean Skeens
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.7	CAPITAL ONE / WALMART Nonpriority Creditor's Name <u>PO BOX 4069</u> Number Street <u>CAROL STREAM, IL 60197-4069</u> City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>	\$1,000.00
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4.8	CARECREDIT/SYNCHRONY BANK Nonpriority Creditor's Name <u>ATTN BANKRUPTCY</u> <u>PO BOX 965061</u> Number Street <u>ORLANDO, FL 32896-5061</u> City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>	\$2,014.00
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Debtor 1 Shauna Clare Skeens Case number (if known) _____
 Debtor 2 Jeffrey Dean Skeens
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

	After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.	Last 4 digits of account number	Total claim
4.9	CITI Nonpriority Creditor's Name PO BOX 6241 Number Street SIOUX FALLS, SD 57117 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Consumer Debt</u>	<u>\$2,000.00</u>
4.10	COLLTECH INC Nonpriority Creditor's Name 3030 HARBOR LN N SUITE 100 Number Street MINNEAPOLIS, MN 55447-5122 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Any Liability</u>	<u>\$850.00</u>

Debtor 1 Shauna Clare Skeens Case number (if known) _____
 Debtor 2 Jeffrey Dean Skeens
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.11	CONNIE KELLY Nonpriority Creditor's Name <u>334 BOARDWALK</u> Number Street <u>MOREHEAD, KY 40351-7032</u> City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Attorney's Fees</u>	\$2,147.00
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4.12	CREDIT ONE BANK Nonpriority Creditor's Name <u>PO BOX 98872</u> Number Street <u>LAS VEGAS, NV 89193</u> City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>	\$655.00
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Debtor 1 Shauna Clare Skeens Case number (if known) _____
 Debtor 2 Jeffrey Dean Skeens
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

	After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.	Last 4 digits of account number	Total claim
4.13	DEPT OF ED/NELNET Nonpriority Creditor's Name PO BOX 82561 Number Street LINCOLN, NE 68501 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Student Loans</u>	<u>\$81,506.00</u>
4.14	DISCOVER BANK Nonpriority Creditor's Name PO BOX BO 15316 Number Street WILMINGTON, DE 19850 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Consumer Debt</u>	<u>\$9,360.00</u>

Debtor 1 Shauna Clare Skeens Case number (if known) _____
 Debtor 2 Jeffrey Dean Skeens
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

	After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.	Last 4 digits of account number	Total claim
4.15	HOME DEPOT CREDIT SERVICES Nonpriority Creditor's Name <u>P O BOX 78011</u> Number Street <u>PHOENIX, AZ 85062</u> City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$1,500.00</u>
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.16	INTERNAL REVENUE SERVICE Nonpriority Creditor's Name <u>PO BOX 7346</u> Number Street <u>PHILADELPHIA, PA 19101-7346</u> City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$12,000.00</u>
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Consumer Debt</u>	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Remarks: 2021 2022		

Debtor 1 Shauna Clare Skeens Case number (if known) _____
 Debtor 2 Jeffrey Dean Skeens
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

	After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.		Total claim
4.17	JPMCB - CARD SERVICES Nonpriority Creditor's Name <u>301 N WALNUT ST FL 09</u> Number Street <u>WILMINGTON, DE 19801-3971</u> City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Consumer Debt</u>	<u>\$1,120.00</u>
4.18	KOHL/CAPONE Nonpriority Creditor's Name <u>PO BOX 3115</u> Number Street <u>MILWAUKEE, WI 53201</u> City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>	<u>\$1,483.00</u>

Debtor 1 Shauna Clare Skeens Case number (if known) _____
 Debtor 2 Jeffrey Dean Skeens
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.19 LABCORP Last 4 digits of account number _____ **\$665.00**

Nonpriority Creditor's Name

ATTN: LAW DEPARTMENT

531 S SPRING ST

Number Street

BURLINGTON, NC 27215-5866

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Credit Card

4.20 LUTHERAN SOCIAL SERVICE OF MINNESOTA Last 4 digits of account number _____ **\$800.00**

Nonpriority Creditor's Name

2485 COMO AVE

Number Street

SAINT PAUL, MN 55108-1445

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Any Liability

Debtor 1 Shauna Clare Skeens Case number (if known) _____
 Debtor 2 Jeffrey Dean Skeens
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

	After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.		Total claim
4.21	MAGNIFI FINANCIAL CU Nonpriority Creditor's Name <u>20 4TH AVE SE</u> Number Street <u>MELROSE, MN 56352-1356</u> City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>	<u>\$49,002.00</u>
4.22	MEDCREDIT FINANCIAL SERVICES Nonpriority Creditor's Name <u>6160 SUMMIT DRIVE NORTH SUITE 400</u> Number Street <u>MINNEAPOLIS, MN 55430</u> City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Consumer Debt</u>	<u>\$3,000.00</u>

Debtor 1 Shauna Clare Skeens Case number (if known) _____
 Debtor 2 Jeffrey Dean Skeens
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.23	MEDCREDIT FINANCIAL SERVICES Nonpriority Creditor's Name 6160 SUMMIT DRIVE NORTH SUITE 400 Number Street MINNEAPOLIS, MN 55430 City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>		\$1,220.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.24	MENARDS Nonpriority Creditor's Name PO BOX 30285 Number Street SALT LAKE CITY, UT 84130 City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Consumer Debt</u>		unknown
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1 Shauna Clare Skeens Case number (if known) _____
 Debtor 2 Jeffrey Dean Skeens
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

	After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.		Total claim
4.25	MIDWEST RADIOLOGY Nonpriority Creditor's Name 166 4TH ST E Number Street ST PAUL, MN 55101 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>	\$950.00
4.26	MINNEAPOLIS RADIOLOGY Nonpriority Creditor's Name 2955 XENIUM LANE NORTH SUITE 40 Number Street MINNEAPOLIS, MN 55441 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>	\$336.00

Debtor 1 Shauna Clare Skeens Case number (if known) _____
 Debtor 2 Jeffrey Dean Skeens
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

	After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.		Total claim
4.27	MINNESOTA DEPARTMENT OF REVENUE Nonpriority Creditor's Name 551 BKCY SECTION PO BOX 64447 Number Street SAINT PAUL, MN 55164-0447 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Remarks: 2021 2022	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Consumer Debt</u>	<u>\$5,000.00</u>
4.28	NORTH MEMORIAL HEALTH Nonpriority Creditor's Name 3300 OAKDALE AVE N Number Street ROBINSDALE, MN 55422 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>	<u>\$1,000.00</u>

Debtor 1 Shauna Clare Skeens Case number (if known) _____
 Debtor 2 Jeffrey Dean Skeens
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

	After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.		Total claim
4.29	PARK NICOLLET HEALTH CARE PRODUCTS Nonpriority Creditor's Name <u>PO BOX 9145</u> Number Street <u>MINNEAPOLIS, MN 55480</u> City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>	<u>\$800.00</u>
4.30	SALLIE MAE Nonpriority Creditor's Name <u>300 CONTINENTAL DR</u> Number Street <u>NEWARK, DE 19713-4322</u> City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Consumer Debt</u>	<u>\$27,642.00</u>

Debtor 1 Shauna Clare Skeens Case number (if known) _____
 Debtor 2 Jeffrey Dean Skeens
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.31	SYNCHRONY BANK/LOWES Nonpriority Creditor's Name <u>4125 WINDWARD PLZ</u> Number Street <u>ALPHARETTA, GA 30005-8738</u> City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>	\$3,016.00
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4.32	THD/CBNA Nonpriority Creditor's Name <u>ONE COURT SQUARE</u> Number Street <u>LONG ISLAND CITY, NY 11120-0001</u> City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Consumer Debt</u>	\$71.00
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Debtor 1 Shauna Clare Skeens Case number (if known) _____
 Debtor 2 Jeffrey Dean Skeens
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

	After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.		Total claim
4.33	TORRID Nonpriority Creditor's Name PO BOX 182789 Number Street COLUMBUS, OH 43218-2789 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>	<u>\$526.00</u>
4.34	WALKER & WALKER LAW OFFICE Nonpriority Creditor's Name 4356 NICOLLET AVE Number Street MINNEAPOLIS, MN 55409-2033 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Attorney's Fees</u>	<u>\$2,147.00</u>

Debtor 1	<u>Shauna</u>	<u>Clare</u>	<u>Skeens</u>	Case number (if known) _____
Debtor 2	<u>Jeffrey</u>	<u>Dean</u>	<u>Skeens</u>	
	First Name	Middle Name	Last Name	

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

		Total claim	
Total claims from Part 1	6a. Domestic support obligations	6a.	<u>\$30,000.00</u>
	6b. Taxes and certain other debts you owe the government	6b.	<u>\$0.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c.	<u>\$0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. +	<u>\$0.00</u>
	6e. Total. Add lines 6a through 6d.	6e.	<div style="border: 1px solid black; padding: 2px;"><u>\$30,000.00</u></div>
		Total claim	
Total claims from Part 2	6f. Student loans	6f.	<u>\$0.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	<u>\$0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	<u>\$0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. +	<u>\$257,494.00</u>
	6j. Total. Add lines 6f through 6i.	6j.	<div style="border: 1px solid black; padding: 2px;"><u>\$257,494.00</u></div>

Fill in this information to identify your case:

Debtor 1	<u>Shauna</u>	<u>Clare</u>	<u>Skeens</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Jeffrey</u>	<u>Dean</u>	<u>Skeens</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>District of Minnesota</u>		
Case number (if known)	<u></u>		

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease	State what the contract or lease is for
2.1	<div> <div>Name</div> <div> <div>Number</div> <div>Street</div> </div> <div> <div>City</div> <div>State</div> <div>ZIP Code</div> </div> </div>	
2.2	<div> <div>Name</div> <div> <div>Number</div> <div>Street</div> </div> <div> <div>City</div> <div>State</div> <div>ZIP Code</div> </div> </div>	
2.3	<div> <div>Name</div> <div> <div>Number</div> <div>Street</div> </div> <div> <div>City</div> <div>State</div> <div>ZIP Code</div> </div> </div>	
2.4	<div> <div>Name</div> <div> <div>Number</div> <div>Street</div> </div> <div> <div>City</div> <div>State</div> <div>ZIP Code</div> </div> </div>	

Fill in this information to identify your case:

Debtor 1	<u>Shauna</u>	<u>Clare</u>	<u>Skeens</u>
	First Name	Middle Name	Last Name
Debtor 2	<u>Jeffrey</u>	<u>Dean</u>	<u>Skeens</u>
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of <u>Minnesota</u>			
Case number	<u></u>		
(if known)			

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. **Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

☒ No
☐ Yes

2. **Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☒ No. Go to line 3.
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

☐ No

☐ Yes. In which community state or territory did you live? . Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent

Number Street

City State ZIP Code

3. **In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on *Schedule D* (Official Form 106D), *Schedule E/F* (Official Form 106E/F), or *Schedule G* (Official Form 106G). Use *Schedule D*, *Schedule E/F*, or *Schedule G* to fill out Column 2.**

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name

☐ Schedule D, line

Number Street

☐ Schedule E/F, line

City State ZIP Code

☐ Schedule G, line

3.2

Name

☐ Schedule D, line

Number Street

☐ Schedule E/F, line

City State ZIP Code

☐ Schedule G, line

Fill in this information to identify your case:

Debtor 1 Shauna Clare Skeens
First Name Middle Name Last Name

Debtor 2 Jeffrey Dean Skeens
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of Minnesota

Case number
(if known) _____

Check if this is:

☐ An amended filing

☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

How long employed there?

Debtor 1

☒ Employed ☐ Not Employed

Zayo Fiber

1805 29th St
Number Street

Boulder, CO 80301-1058
City State Zip Code

Starting on 01-22-2025

Debtor 2 or non-filing spouse

☒ Employed ☐ Not Employed

Dedicated Networks Inc

8801 95th Ave
Number Street

Minneapolis, MN 55445-6002
City State Zip Code

3 years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross income. Add line 2 + line 3.

For Debtor 1

For Debtor 2 or
non-filing spouse

2. \$2,600.00 \$5,409.84

3. + \$0.00 + \$0.00

4. \$2,600.00 \$5,409.84

Debtor 1
Debtor 2Shauna
JeffreyClare
DeanSkeens
Skeens

First Name

Middle Name

Last Name

Case number (if known) _____

		For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here.....→	4.	\$2,600.00	\$5,409.84	
5. List all payroll deductions:				
5a. Tax, Medicare, and Social Security deductions	5a.	\$0.00	\$1,157.00	
5b. Mandatory contributions for retirement plans	5b.	\$0.00	\$0.00	
5c. Voluntary contributions for retirement plans	5c.	\$0.00	\$0.00	
5d. Required repayments of retirement fund loans	5d.	\$0.00	\$0.00	
5e. Insurance	5e.	\$0.00	\$43.33	
5f. Domestic support obligations	5f.	\$0.00	\$860.17	
5g. Union dues	5g.	\$0.00	\$0.00	
5h. Other deductions. Specify: _____	5h. +	\$0.00	\$0.00	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6.	\$0.00	\$2,060.50	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$2,600.00	\$3,349.34	
8. List all other income regularly received:				
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$0.00	\$0.00	
8b. Interest and dividends	8b.	\$0.00	\$0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$0.00	\$0.00	
8d. Unemployment compensation	8d.	\$0.00	\$0.00	
8e. Social Security	8e.	\$0.00	\$0.00	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f.	\$0.00	\$0.00	
8g. Pension or retirement income	8g.	\$0.00	\$0.00	
8h. Other monthly income. Specify: _____	8h. +	\$0.00	\$0.00	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$0.00	\$0.00	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse	10.	\$2,600.00	\$3,349.34	= \$5,949.34
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. +		\$0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies	12.		\$5,949.34	
Combined monthly income				
13. Do you expect an increase or decrease within the year after you file this form?				
<input type="checkbox"/> No.				
<input checked="" type="checkbox"/> Yes. Explain:	D1 to start new employemtn through Zayo Fiber on 01/22/2025 with yearly base salary of \$70,000. Sch I reflects estimated net income.			

Fill in this information to identify your case:

Debtor 1	<u>Shauna</u>	<u>Clare</u>	<u>Skeens</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Jeffrey</u>	<u>Dean</u>	<u>Skeens</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>District of Minnesota</u>		
Case number (if known)	<u></u>		

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.

☒ Yes. Does Debtor 2 live in a separate household?

☒ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

☐ No

☒ Yes. Fill out this information for each dependent.....

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Child

17

☐ No. ☒ Yes.

Child

15

☐ No. ☒ Yes.

Child

12

☐ No. ☒ Yes.

☐ No. ☐ Yes.

☐ No. ☐ Yes.

3. Do your expenses include expenses of people other than yourself and your dependents?

☒ No

☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$1,810.00

If not included in line 4:

4a. Real estate taxes

4a. \$0.00

4b. Property, homeowner's, or renter's insurance

4b. \$0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$0.00

4d. Homeowner's association or condominium dues

4d. \$0.00

Debtor 1
Debtor 2

**Shauna
Jeffrey**

**Clare
Dean**

**Skeens
Skeens**

First Name

Middle Name

Last Name

Case number (if known) _____

		Your expenses
5.	Additional mortgage payments for your residence , such as home equity loans	5. <u>\$495.00</u>
6.	Utilities:	
6a.	Electricity, heat, natural gas	6a. <u>\$165.00</u>
6b.	Water, sewer, garbage collection	6b. <u>\$0.00</u>
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. <u>\$140.00</u>
6d.	Other. Specify: _____	6d. <u>\$0.00</u>
7.	Food and housekeeping supplies	7. <u>\$600.00</u>
8.	Childcare and children's education costs	8. <u>\$0.00</u>
9.	Clothing, laundry, and dry cleaning	9. <u>\$80.00</u>
10.	Personal care products and services	10. <u>\$100.00</u>
11.	Medical and dental expenses	11. <u>\$100.00</u>
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. <u>\$300.00</u>
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13. <u>\$0.00</u>
14.	Charitable contributions and religious donations	14. <u>\$0.00</u>
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a.	Life insurance	15a. <u>\$0.00</u>
15b.	Health insurance	15b. <u>\$0.00</u>
15c.	Vehicle insurance	15c. <u>\$700.00</u>
15d.	Other insurance. Specify: _____	15d. <u>\$0.00</u>
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. <u>\$0.00</u>
17.	Installment or lease payments:	
17a.	Car payments for Vehicle 1 <u>2017 Yukon Denali</u>	17a. <u>\$808.00</u>
17b.	Car payments for Vehicle 2 <u>2018 Chevrolet Sonic</u>	17b. <u>\$400.00</u>
17c.	Other. Specify: <u>Student loans</u>	17c. <u>\$200.00</u>
17d.	Other. Specify: <u>Pet Care</u>	17d. <u>\$50.00</u>
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. <u>\$0.00</u>
19.	Other payments you make to support others who do not live with you. Specify: _____	19. <u>\$0.00</u>
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a.	Mortgages on other property	20a. <u>\$0.00</u>
20b.	Real estate taxes	20b. <u>\$0.00</u>
20c.	Property, homeowner's, or renter's insurance	20c. <u>\$0.00</u>
20d.	Maintenance, repair, and upkeep expenses	20d. <u>\$0.00</u>
20e.	Homeowner's association or condominium dues	20e. <u>\$0.00</u>

Debtor 1
Debtor 2

**Shauna
Jeffrey**

First Name

**Clare
Dean**

Middle Name

**Skeens
Skeens**

Last Name

Case number (if known) _____

21. **Other.** Specify: _____

21. + \$0.00

22. **Calculate your monthly expenses.**

22a. Add lines 4 through 21.

22a. \$5,948.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$5,948.00

23. **Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from *Schedule I*.

23a. \$5,949.34

23b. Copy your monthly expenses from line 22c above.

23b. - \$5,948.00

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. \$1.34

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Fill in this information to identify your case:

Debtor 1	<u>Shauna</u>	<u>Clare</u>	<u>Skeens</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Jeffrey</u>	<u>Dean</u>	<u>Skeens</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>District of Minnesota</u>		
Case number (if known)	<u></u>		

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new **Summary** and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets

Value of what you own

1. **Schedule A/B: Property** (Official Form 106A/B)

1a. Copy line 55, Total real estate, from <i>Schedule A/B</i>	<u>\$381,800.00</u>
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i>	<u>\$35,215.10</u>
1c. Copy line 63, Total of all property on <i>Schedule A/B</i>	<u>\$417,015.10</u>

Part 2: Summarize Your Liabilities

Your liabilities

Amount you owe

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 106D)

2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i>	<u>\$304,416.00</u>
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3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	<u>\$30,000.00</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	<u>+ \$257,494.00</u>

Your total liabilities

\$591,910.00

Part 3: Summarize Your Income and Expenses

4. **Schedule I: Your Income** (Official Form 106I)

Copy your combined monthly income from line 12 of <i>Schedule I</i>	<u>\$5,949.34</u>
---	-------------------

5. **Schedule J: Your Expenses** (Official Form 106J)

Copy your monthly expenses from line 22c of <i>Schedule J</i>	<u>\$5,948.00</u>
---	-------------------

Debtor 1	Shauna	Clare	Skeens	Case number (if known) _____
Debtor 2	Jeffrey	Dean	Skeens	
	First Name	Middle Name	Last Name	

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

7. What kind of debt do you have?

- ☒ **Your debts are primarily consumer debts.** Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$8,819.17

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Total claim

From Part 4 on Schedule E/F, copy the following:

9a. Domestic support obligations (Copy line 6a.)	<u>\$30,000.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	<u>\$0.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	<u>\$0.00</u>
9d. Student loans. (Copy line 6f.)	<u>\$0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	<u>\$0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ <u>\$0.00</u>
9g. Total. Add lines 9a through 9f.	<u>\$30,000.00</u>

Fill in this information to identify your case:

Debtor 1 Shauna Clare Skeens
First Name Middle Name Last Name

Debtor 2 Jeffrey Dean Skeens
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of Minnesota

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?



No

☐ Yes. Name of person _____ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X

s/ Shauna Clare Skeens

Shauna Clare Skeens, Debtor 1

X

s/ Jeffrey Dean Skeens

Jeffrey Dean Skeens, Debtor 2

Date 01/13/2025

MM/ DD/ YYYY

Date 01/13/2025

MM/ DD/ YYYY

Fill in this information to identify your case:

Debtor 1	<u>Shauna</u>	<u>Clare</u>	<u>Skeens</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Jeffrey</u>	<u>Dean</u>	<u>Skeens</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>District of Minnesota</u>		
Case number (if known)	<u></u>		

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☒ Married
- ☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No
- ☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
<input type="checkbox"/> Same as Debtor 1		<input type="checkbox"/> Same as Debtor 1	
_____ Number Street	From _____ To _____	_____ Number Street	From _____ To _____
_____ City State ZIP Code		_____ City State ZIP Code	
<input type="checkbox"/> Same as Debtor 1		<input type="checkbox"/> Same as Debtor 1	
_____ Number Street	From _____ To _____	_____ Number Street	From _____ To _____
_____ City State ZIP Code		_____ City State ZIP Code	

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?(Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No
- ☐ Yes. Make sure you fill out *Schedule H: Your Creditors* (Official Form 106H).

Debtor 1	Shauna	Clare	Skeens
Debtor 2	Jeffrey	Dean	Skeens
	First Name	Middle Name	Last Name

Case number (if known) _____

Part 2: Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

☐ No

☒ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross Income (before deductions and exclusions)	Sources of income Check all that apply.	Gross Income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$0.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$3,766.00
For last calendar year: (January 1 to December 31, <u>2024</u>) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$35,000.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$60,500.00
For the calendar year before that: (January 1 to December 31, <u>2023</u>) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$247,200.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$60,500.00

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

☐ No

☒ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross Income from each source (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<u>Child Support</u>	\$7,200.00		
For last calendar year: (January 1 to December 31, <u>2024</u>) YYYY	<u>Unemployment</u>	\$5,400.00		
	<u>Child Support</u>	\$7,200.00		
For the calendar year before that: (January 1 to December 31, <u>2023</u>) YYYY	<u>Child Support</u>	\$7,200.00		

Debtor 1 **Shauna** **Clare** **Skeens**
 Debtor 2 **Jeffrey** **Dean** **Skeens**
 First Name Middle Name Last Name

Case number (if known) _____

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575* or more?

☐ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$7,575* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.

☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☐ No. Go to line 7.

☒ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
MAGNIFI FINANCIAL CU Creditor's Name	12/01/2024	\$6,915.00	\$279,506.00	<input checked="" type="checkbox"/> Mortgage
20 4th Ave Se Number Street	11/01/2024			<input type="checkbox"/> Car
Melrose, MN 56352-1356 City State ZIP Code	10/01/2024			<input type="checkbox"/> Credit card
				<input type="checkbox"/> Loan repayment
				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other _____
MAGNIFI FINANCIAL CU Creditor's Name	12/01/2024	\$2,424.00	\$14,754.00	<input type="checkbox"/> Mortgage
20 4th Ave Se Number Street	11/01/2024			<input checked="" type="checkbox"/> Car
Melrose, MN 56352-1356 City State ZIP Code	10/01/2024			<input type="checkbox"/> Credit card
				<input type="checkbox"/> Loan repayment
				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other _____
MAGNIFI FINANCIAL CU Creditor's Name	12/01/2024	\$1,200.00	\$6,250.00	<input type="checkbox"/> Mortgage
20 4th Ave Se Number Street	11/02/2024			<input checked="" type="checkbox"/> Car
Melrose, MN 56352-1356 City State ZIP Code	10/01/2024			<input type="checkbox"/> Credit card
				<input type="checkbox"/> Loan repayment
				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other _____

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☒ No

☐ Yes. List all payments to an insider.

Debtor 1 Debtor 2	Shauna Jeffrey	Clare Dean	Skeens Skeens	Case number (if known) _____
	First Name	Middle Name	Last Name	

Insider's Name	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
_____ Number Street _____ _____ City State ZIP Code	_____	_____	_____	

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?
 Include payments on debts guaranteed or cosigned by an insider.

- ☒ No
- ☐ Yes. List all payments that benefited an insider.

Insider's Name	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
_____ Number Street _____ _____ City State ZIP Code	_____	_____	_____	

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?
 List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☒ No
- ☐ Yes. Fill in the details.

Nature of the case	Court or agency	Status of the case
Case title _____ _____ Case number _____	_____ Court Name	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
	_____ Number Street	
	_____ City State ZIP Code	

Debtor 1	Shauna	Clare	Skeens	
Debtor 2	Jeffrey	Dean	Skeens	
	First Name	Middle Name	Last Name	Case number (if known) _____

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?
Check all that apply and fill in the details below.

- ☒ No. Go to line 11.
- ☐ Yes. Fill in the information below.

_____ Creditor's Name _____ Number Street _____ _____ City State ZIP Code	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d3d3d3;"> <th style="text-align: left; padding: 5px;">Describe the property</th> <th style="text-align: left; padding: 5px;">Date</th> <th style="text-align: left; padding: 5px;">Value of the property</th> </tr> </thead> <tbody> <tr> <td style="height: 50px;"></td> <td></td> <td></td> </tr> </tbody> </table> <div style="background-color: #d3d3d3; padding: 5px; margin-top: 5px;"> Explain what happened </div> <p><input type="checkbox"/> Property was repossessed.</p> <p><input type="checkbox"/> Property was foreclosed.</p> <p><input type="checkbox"/> Property was garnished.</p> <p><input type="checkbox"/> Property was attached, seized, or levied.</p>	Describe the property	Date	Value of the property			
Describe the property	Date	Value of the property					

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No
- ☐ Yes. Fill in the details.

_____ Creditor's Name _____ Number Street _____ City State ZIP Code	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d3d3d3;"> <th style="text-align: left; padding: 5px;">Describe the action the creditor took</th> <th style="text-align: left; padding: 5px;">Date action was taken</th> <th style="text-align: left; padding: 5px;">Amount</th> </tr> </thead> <tbody> <tr> <td style="height: 50px;"></td> <td></td> <td></td> </tr> </tbody> </table>	Describe the action the creditor took	Date action was taken	Amount			
Describe the action the creditor took	Date action was taken	Amount					

Last 4 digits of account number: XXXX— — — —

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No
- ☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No
- ☐ Yes. Fill in the details for each gift.

Debtor 1 **Shauna** **Clare** **Skeens**
 Debtor 2 **Jeffrey** **Dean** **Skeens**

First Name Middle Name Last Name

Case number (if known) _____

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift _____ Number Street City State ZIP Code Person's relationship to you _____			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☒ No
- ☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name _____ Number Street City State ZIP Code			

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☒ No
- ☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .	Date of your loss	Value of property lost

Debtor 1 **Shauna** **Clare** **Skeens**
 Debtor 2 **Jeffrey** **Dean** **Skeens**

First Name Middle Name Last Name

Case number (if known) _____

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.



No

☐ Yes. Fill in the details.

	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid			
Number Street			
City State ZIP Code			
Email or website address			
Person Who Made the Payment, if Not You			

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.



No

☐ Yes. Fill in the details.

	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid			
Number Street			
City State ZIP Code			

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).

Do not include gifts and transfers that you have already listed on this statement.



No

☐ Yes. Fill in the details.

Debtor 1 Debtor 2	Shauna Jeffrey	Clare Dean	Skeens Skeens	Case number (if known) _____
	First Name	Middle Name	Last Name	

	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person Who Received Transfer			
Number Street			
City State ZIP Code			
Person's relationship to you _____			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary?
(These are often called *asset-protection devices*.)

- ☒ No
- ☐ Yes. Fill in the details.

	Description and value of the property transferred	Date transfer was made
Name of trust		

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No
- ☐ Yes. Fill in the details.

	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Name of Financial Institution	XXXX- _____	<input type="checkbox"/> Checking		
Number Street		<input type="checkbox"/> Savings		
City State ZIP Code		<input type="checkbox"/> Money market		
		<input type="checkbox"/> Brokerage		
		<input type="checkbox"/> Other _____		

Debtor 1
Debtor 2

**Shauna
Jeffrey**

**Clare
Dean**

**Skeens
Skeens**

First Name

Middle Name

Last Name

Case number (if known) _____

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

☒ No

☐ Yes. Fill in the details.

Who else had access to it?		Describe the contents	Do you still have it?
<p>Name of Financial Institution</p> <p>Number Street</p> <p>City State ZIP Code</p>			<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p>Name</p> <p>Number Street</p> <p>City State ZIP Code</p>			

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

☒ No

☐ Yes. Fill in the details.

Who else has or had access to it?		Describe the contents	Do you still have it?
<p>Name of Storage Facility</p> <p>Number Street</p> <p>City State ZIP Code</p>			<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p>Name</p> <p>Number Street</p> <p>City State ZIP Code</p>			

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

☒ No

☐ Yes. Fill in the details.

Debtor 1	Shauna	Clare	Skeens	Case number (if known) _____
Debtor 2	Jeffrey	Dean	Skeens	
	First Name	Middle Name	Last Name	

	Where is the property?	Describe the property	Value
_____ Owner's Name _____ Number Street _____ _____ City State ZIP Code _____ City State ZIP Code	_____ Number Street _____ _____ City State ZIP Code	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>	_____ _____ _____

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- *Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- *Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- *Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
- ☐ Yes. Fill in the details.

	Governmental unit	Environmental law, if you know it	Date of notice
_____ Name of site _____ Number Street _____ _____ City State ZIP Code	_____ Governmental unit _____ Number Street _____ _____ City State ZIP Code	<div style="border: 1px solid black; height: 50px; width: 100%;"></div>	_____ _____ _____

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No
- ☐ Yes. Fill in the details.

Debtor 1	Shauna	Clare	Skeens	
Debtor 2	Jeffrey	Dean	Skeens	
	First Name	Middle Name	Last Name	Case number (if known)

		Governmental unit	Environmental law, if you know it	Date of notice
Name of site		Governmental unit		
Number	Street	Number	Street	
		City	State	ZIP Code
City	State	ZIP Code		

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

☒ No

☐ Yes. Fill in the details.

		Court or agency	Nature of the case	Status of the case
Case title		Court Name		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
		Number	Street	
Case number		City	State	ZIP Code

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation

☒ No. None of the above applies. Go to Part 12.

☐ Yes. Check all that apply above and fill in the details below for each business.

		Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Name			EIN: _ _ - _ _ _ _ _
Number	Street	Name of accountant or bookkeeper	Dates business existed
			From _ _ _ _ To _ _ _ _
City	State	ZIP Code	

Debtor 1	Shauna	Clare	Skeens	Case number (if known) _____
Debtor 2	Jeffrey	Dean	Skeens	
	First Name	Middle Name	Last Name	

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☒ No
- ☐ Yes. Fill in the details below.

Date issued

Name MM / DD / YYYY

Number Street

City State ZIP Code

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X s/ Shauna Clare Skeens
Signature of Shauna Clare Skeens, Debtor 1

X s/ Jeffrey Dean Skeens
Signature of Jeffrey Dean Skeens, Debtor 2

Date 01/13/2025

Date 01/13/2025

Did you attach additional pages to your *Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- ☒ No
- ☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- ☒ No
- ☐ Yes. Name of person _____

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	<u>Shauna</u>	<u>Clare</u>	<u>Skeens</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Jeffrey</u>	<u>Dean</u>	<u>Skeens</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>District of Minnesota</u>		
Case number (if known)	<u></u>		

☐ Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: MAGNIFI FINANCIAL CU	<input type="checkbox"/> Surrender the property.	<input type="checkbox"/> No
Description of property securing debt: Lot 2, Block 1, County Crossing Third Addition, Sherburne County, Minnesota 13427 180th Ave Nw Elk River, MN 55330-5601	<input type="checkbox"/> Retain the property and redeem it.	<input checked="" type="checkbox"/> Yes
	<input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> .	
	<input type="checkbox"/> Retain the property and [explain]:	
Creditor's name: MAGNIFI FINANCIAL CU	<input type="checkbox"/> Surrender the property.	<input type="checkbox"/> No
Description of property securing debt: Lot 2, Block 1, County Crossing Third Addition, Sherburne County, Minnesota 13427 180th Ave Nw Elk River, MN 55330-5601	<input type="checkbox"/> Retain the property and redeem it.	<input checked="" type="checkbox"/> Yes
	<input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> .	
	<input type="checkbox"/> Retain the property and [explain]:	

Debtor 1
Debtor 2

**Shauna
Jeffrey**

**Clare
Dean**

**Skeens
Skeens**

First Name

Middle Name

Last Name

Case number (if known) _____

Additional Page for Part 1

Creditor's name:	Minnesota Department of Revenue	<input type="checkbox"/> Surrender the property.	<input type="checkbox"/> No
Description of property securing debt:	Lot 2, Block 1, County Crossing Third Addition, Sherburne County, Minnesota 13427 180th Ave Nw Elk River, MN 55330-5601	<input type="checkbox"/> Retain the property and redeem it.	<input checked="" type="checkbox"/> Yes
		<input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> .	
		<input type="checkbox"/> Retain the property and [explain]:	
Creditor's name:	MAGNIFI FINANCIAL CU	<input type="checkbox"/> Surrender the property.	<input checked="" type="checkbox"/> No
Description of property securing debt:	2017 Yukon Denali 1GKS2HKJ0HR162617	<input type="checkbox"/> Retain the property and redeem it.	<input type="checkbox"/> Yes
		<input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> .	
		<input type="checkbox"/> Retain the property and [explain]:	
Creditor's name:	MAGNIFI FINANCIAL CU	<input type="checkbox"/> Surrender the property.	<input type="checkbox"/> No
Description of property securing debt:	2018 Chevrolet Sonic 1G1JD6SH5J4119888	<input type="checkbox"/> Retain the property and redeem it.	<input checked="" type="checkbox"/> Yes
		<input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> .	
		<input type="checkbox"/> Retain the property and [explain]:	

Debtor 1	Shauna	Clare	Skeens	Case number (if known) _____
Debtor 2	Jeffrey	Dean	Skeens	
	First Name	Middle Name	Last Name	

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases	Will the lease be assumed?
--	----------------------------

Lessor's name:	<input type="checkbox"/> No
Description of leased property:	<input type="checkbox"/> Yes

Lessor's name:	<input type="checkbox"/> No
Description of leased property:	<input type="checkbox"/> Yes

Lessor's name:	<input type="checkbox"/> No
Description of leased property:	<input type="checkbox"/> Yes

Lessor's name:	<input type="checkbox"/> No
Description of leased property:	<input type="checkbox"/> Yes

Lessor's name:	<input type="checkbox"/> No
Description of leased property:	<input type="checkbox"/> Yes

Lessor's name:	<input type="checkbox"/> No
Description of leased property:	<input type="checkbox"/> Yes

Lessor's name:	<input type="checkbox"/> No
Description of leased property:	<input type="checkbox"/> Yes

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X <u>s/ Shauna Clare Skeens</u> Signature of Debtor 1	X <u>s/ Jeffrey Dean Skeens</u> Signature of Debtor 2
---	---

Date <u>01/13/2025</u> MM/ DD/ YYYY	Date <u>01/13/2025</u> MM/ DD/ YYYY
--	--

Fill in this information to identify your case:

Debtor 1	<u>Shauna</u>	<u>Clare</u>	<u>Skeens</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Jeffrey</u>	<u>Dean</u>	<u>Skeens</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>District of Minnesota</u>		
Case number (if known)	_____		

Check one box only as directed in this form and in Form 122A-1Supp:

- ☒ 1. There is no presumption of abuse.
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.
- ☐ Check if this is an amended filing

Official Form 122A-1**Chapter 7 Statement of Your Current Monthly Income****12/19**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income**1. What is your marital and filing status? Check one only.**

- ☐ **Not married.** Fill out Column A, lines 2-11.
- ☒ **Married and your spouse is filing with you.** Fill out both Columns A and B, lines 2-11.
- ☐ **Married and your spouse is NOT filing with you. You and your spouse are:**
- ☐ **Living in the same household and are not legally separated.** Fill out both Column A and B, lines 2-11.
- ☐ **Living separately or are legally separated.** Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse												
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	<u>\$3,864.67</u>	<u>\$4,954.50</u>												
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	<u>\$0.00</u>	<u>\$0.00</u>												
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	<u>\$0.00</u>	<u>\$0.00</u>												
5. Net income from operating a business, profession, or farm	<table border="0"> <tr> <td></td> <td>Debtor 1</td> <td>Debtor 2</td> </tr> <tr> <td>Gross receipts (before all deductions)</td> <td><u>\$0.00</u></td> <td><u>\$0.00</u></td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td>- <u>\$0.00</u></td> <td>- <u>\$0.00</u></td> </tr> <tr> <td>Net monthly income from a business, profession, or farm</td> <td><u>\$0.00</u></td> <td><u>\$0.00</u></td> </tr> </table>		Debtor 1	Debtor 2	Gross receipts (before all deductions)	<u>\$0.00</u>	<u>\$0.00</u>	Ordinary and necessary operating expenses	- <u>\$0.00</u>	- <u>\$0.00</u>	Net monthly income from a business, profession, or farm	<u>\$0.00</u>	<u>\$0.00</u>	<div>Copy here →</div> <u>\$0.00</u>
	Debtor 1	Debtor 2												
Gross receipts (before all deductions)	<u>\$0.00</u>	<u>\$0.00</u>												
Ordinary and necessary operating expenses	- <u>\$0.00</u>	- <u>\$0.00</u>												
Net monthly income from a business, profession, or farm	<u>\$0.00</u>	<u>\$0.00</u>												
6. Net income from rental and other real property	<table border="0"> <tr> <td></td> <td>Debtor 1</td> <td>Debtor 2</td> </tr> <tr> <td>Gross receipts (before all deductions)</td> <td><u>\$0.00</u></td> <td><u>\$0.00</u></td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td>- <u>\$0.00</u></td> <td>- <u>\$0.00</u></td> </tr> <tr> <td>Net monthly income from rental or other real property</td> <td><u>\$0.00</u></td> <td><u>\$0.00</u></td> </tr> </table>		Debtor 1	Debtor 2	Gross receipts (before all deductions)	<u>\$0.00</u>	<u>\$0.00</u>	Ordinary and necessary operating expenses	- <u>\$0.00</u>	- <u>\$0.00</u>	Net monthly income from rental or other real property	<u>\$0.00</u>	<u>\$0.00</u>	<div>Copy here →</div> <u>\$0.00</u>
	Debtor 1	Debtor 2												
Gross receipts (before all deductions)	<u>\$0.00</u>	<u>\$0.00</u>												
Ordinary and necessary operating expenses	- <u>\$0.00</u>	- <u>\$0.00</u>												
Net monthly income from rental or other real property	<u>\$0.00</u>	<u>\$0.00</u>												
7. Interest, dividends, and royalties	<u>\$0.00</u>	<u>\$0.00</u>												

First Name Middle Name Last Name

Case number (if known)

Column A Debtor 1	Column B Debtor 2 or non-filing spouse
\$0.00	\$0.00

8. Unemployment compensation

Do not enter the amount if you contend that the amount received was a benefit under

the Social Security Act. Instead, list it here: ↓

For you..... \$0.00

For your spouse..... \$0.00

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

\$0.00	\$0.00
--------	--------

10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

Total amounts from separate pages, if any.

+	+	=
\$3,864.67	\$4,954.50	\$8,819.17

11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

Total current
monthly income

Part 2: Determine Whether the Means Test Applies to You

12. Calculate your current monthly income for the year. Follow these steps:

12a. Copy your total current monthly income from line 11..... Copy line 11 here → \$8,819.17
Multiply by 12 (the number of months in a year). X 12
12b. The result is your annual income for this part of the form. 12b. \$105,830.04

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live. Minnesota
Fill in the number of people in your household. 5

Fill in the median family income for your state and size of household..... 13. \$150,700.00
To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?

14a. ☒ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.*
Go to Part 3. Do NOT fill out or file Official Form 122A-2.
14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.*
Go to Part 3 and fill out Form 122A-2.

Debtor 1
Debtor 2

First Name Middle Name Last Name

Case number (if known) _____

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X s/ Shauna Clare Skeens

Signature of Debtor 1

Date 01/13/2025
MM/ DD/ YYYY

X s/ Jeffrey Dean Skeens

Signature of Debtor 2

Date 01/13/2025
MM/ DD/ YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

IN THE UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA
MINNEAPOLIS DIVISION

IN RE: **Skeens, Shauna Clare**
Skeens, Jeffrey Dean

CASE NO

CHAPTER 7

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 01/13/2025 Signature s/ Shauna Clare Skeens
Shauna Clare Skeens, Debtor

Date 01/13/2025 Signature s/ Jeffrey Dean Skeens
Jeffrey Dean Skeens, Joint Debtor

CHASE CREDIT CARD
PO BOX 15298
WILMINGTON, DE 19850-5298

ALLINA HEALTH
2925 CHICAGO AVE
MINNEAPOLIS, MN 55407-1321

AMAZON
1260 MERCER ST
SEATTLE, WA 98109

AMERICAN EXPRESS
GENERAL INQUIRIES
PO BOX 981535
EL PASO, TX 79998-1535

CABELA'S CLUB/CAPITAL ONE
PO BOX 30285
SALT LAKE CITY, UT 84130-0285

CAPITAL ONE
15000 CAPITAL ONE US364412
RICHMOND, VA 23238

CAPITAL ONE / WALMART
PO BOX 4069
CAROL STREAM, IL 60197-4069

CARECREDIT/SYNCHRONY
BANK
ATTN BANKRUPTCY
PO BOX 965061
ORLANDO, FL 32896-5061

CITI
PO BOX 6241
SIOUX FALLS, SD 57117

COLLTECH INC
3030 HARBOR LN N SUITE 100
MINNEAPOLIS, MN 55447-5122

CONNIE KELLY
334 BOARDWALK
MOREHEAD, KY 40351-7032

CREDIT ONE BANK
PO BOX 98872
LAS VEGAS, NV 89193

DEPT OF ED/NELNET
PO BOX 82561
LINCOLN, NE 68501

DISCOVER BANK
PO BOX BO 15316
WILMINGTON, DE 19850

ERICA SKEENS
600 W MAIN ST
MOREHEAD, KY 40351-1887

HOME DEPOT CREDIT
SERVICES
P O BOX 78011
PHOENIX, AZ 85062

INTERNAL REVENUE SERVICE
PO BOX 7346
PHILADELPHIA, PA 19101-7346

JPMCB - CARD SERVICES
301 N WALNUT ST FL 09
WILMINGTON, DE 19801-3971

KOHL'S/CAPONE
PO BOX 3115
MILWAUKEE, WI 53201

LABCORP
ATTN: LAW DEPARTMENT
531 S SPRING ST
BURLINGTON, NC 27215-5866

LUTHERAN SOCIAL SERVICE
OF MINNESOTA
2485 COMO AVE
SAINT PAUL, MN 55108-1445

MAGNIFI FINANCIAL CU
20 4TH AVE SE
MELROSE, MN 56352-1356

MEDCREDIT FINANCIAL
SERVICES
6160 SUMMIT DRIVE NORTH SUITE 400
MINNEAPOLIS, MN 55430

MENARDS
PO BOX 30285
SALT LAKE CITY, UT 84130

MIDWEST RADIOLOGY
166 4TH ST E
ST PAUL, MN 55101

MINNEAPOLIS RADIOLOGY
2955 XENIUM LANE NORTH SUITE 40
MINNEAPOLIS, MN 55441

MINNESOTA DEPARTMENT OF
REVENUE
551 BKCY SECTION
PO BOX 64447
SAINT PAUL, MN 55164-0447

MINNESOTA DEPARTMENT OF
REVENUE
551 BKCY SECTION
PO BOX 64447
ST PAUL, MN 55164

NORTH MEMORIAL HEALTH
3300 OAKDALE AVE N
ROBINSDALE, MN 55422

PARK NICOLLET HEALTH
CARE PRODUCTS
PO BOX 9145
MINNEAPOLIS, MN 55480

SALLIE MAE
300 CONTINENTAL DR
NEWARK, DE 19713-4322

SYNCHRONY BANK/LOWES
4125 WINDWARD PLZ
ALPHARETTA, GA 30005-8738

THD/CBNA
ONE COURT SQUARE
LONG ISLAND CITY, NY 11120-0001

TORRID
PO BOX 182789
COLUMBUS, OH 43218-2789

UNITED STATES TRUSTEE
300 S 4TH ST STE 1015
MINNEAPOLIS, MN 55415-2247

WALKER & WALKER LAW
OFFICE
4356 NICOLLET AVE
MINNEAPOLIS, MN 55409-2033

LOCAL FORM 1007-1
REVISED 06/16

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA**

In re: Skeens, Shauna Clare
Skeens, Jeffrey Dean

Case No.

Debtor(s).

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept:

\$2,147.00

Prior to the filing of this statement I have received:

\$0.00

Balance Due

\$2,147.00

2. The source of the compensation paid to me was:

☒ Debtor

☐ Other (specify) _____

3. The source of the compensation to be paid to me is:

☐ Debtor

☒ Other (specify) Connie Kelly 334 Boardwalk, Morehead, KY 40351

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
- ☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people or entities sharing in the compensation, is attached.
5. In return for the above-disclosed fee, together with such further fee, if any, as is provided in the written contract required by 11 U.S.C. §528(a)(1), I have agreed to render legal service for all aspects of the bankruptcy case, including:

- A. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- B. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- C. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- D. Representation of the debtor in contested bankruptcy matters; and
- E. Other services reasonably necessary to represent the debtor(s).

LOCAL FORM 1007-1
REVISED 06/16

6. Pursuant to Local Rules 1007-1 and 1007-3-1, I have advised the debtor of the requirements in the Statement of Financial Affairs to disclose all payments made, or property transferred, by or on behalf of the debtor to any person, including attorneys, for consultation concerning debt consolidation or reorganization, relief under bankruptcy law, or preparation of a petition in bankruptcy. I have reviewed the debtor's disclosures and they are accurate and complete to the best of my knowledge.

CERTIFICATION

I certify that the foregoing, together with the written contract required by 11 U.S.C. §528(a)(1), is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy case.

Date: 01/13/2025

s/ Andrew Walker
Signature of Attorney